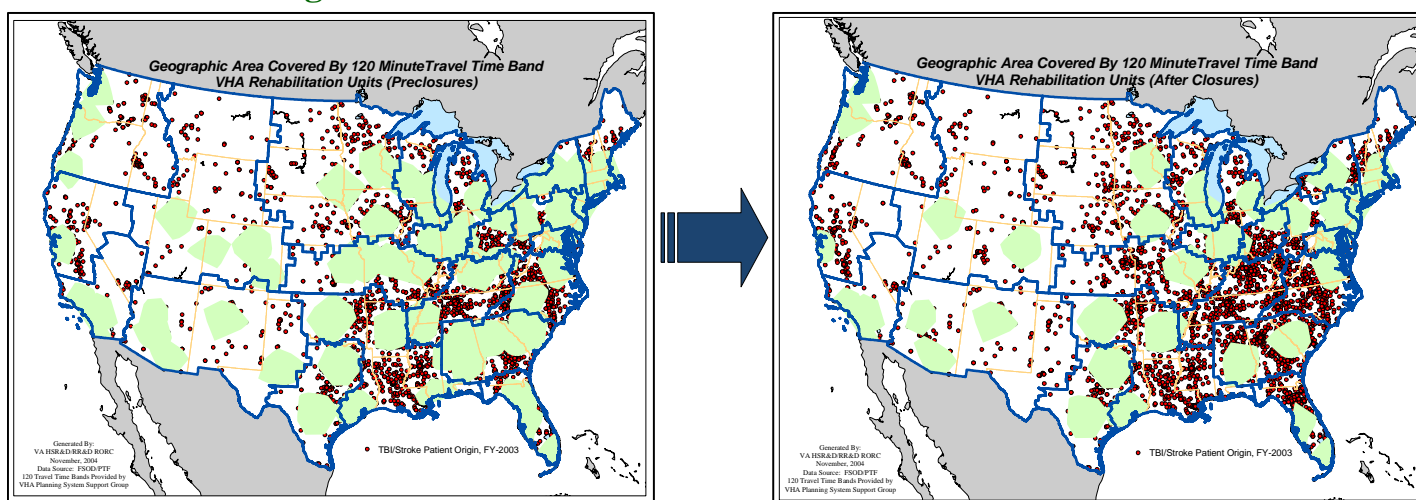


VA Stroke QUERI Circular, Volume 2, Issue 1

Stroke QUERI Impact Plan.....

Changes in VA Stroke Patient Access to Rehabilitation Services



1995 Pre-closures: 120 minute travel time band

2004 Post-closures: 120 minute travel time band

Note: Each dot represents a stroke patient that is not located within close treatment proximity to specialized stroke rehabilitative care.

In the presence of Grade A level evidence that multidisciplinary coordinated care improves stroke outcomes, the VHA reorganization has led to a reduction in the number of rehabilitation bed units.

The Stroke QUERI is evaluating the impact decreased rehabilitation bed capacity will have on access, utilization & outcomes. This evaluation will enhance the Stroke QUERI's ability to facilitate the implementation of specific initiatives that will have a system wide impact on the increased quality and cost effective care for the veteran patient.

Notable Collaboration.....



Chona D. Macalindong, MD, FACP
Associate Chief of Staff for Quality Management
North Florida / South Georgia Veterans Health System

The Stroke QUERI has initiated a collaborative partnership with Chona Macalindong, MD, at the North Florida / South Georgia Veterans Health System. This partnership will strengthen our understanding of the dynamics involved in changing policy at the medical facility level. We have plans in early 2005 to discuss the initiation of a small pilot project that will evaluate one of the proposed JCAHO Performance Measures for stroke patients with atrial fibrillation receiving anticoagulation therapy.

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Sustainability Partnerships.....



The Stroke QUERI is cultivating partnerships with VA and Non-VA local, regional, national and international organizations to ensure the sustainable improvement of stroke treatment and quality of care for the veteran stroke patient population.

This network of partners enable access to and enhancement of existing national and international programs dedicated to improving outcomes and secondary prevention for stroke patients.

These alliances bring together investigators and institutions that will use multidisciplinary implementation strategies to enhance the quality of life, improve patient outcomes, and prevent recurrent strokes.

Specific sustainability initiatives include:

- ♦ Evaluating and developing optimal implementation of VA/DoD Stroke Clinical Practice Guidelines.
- ♦ Developing performance indicators for access to rehabilitation and ensuring that adequate inpatient and outpatient services are available.
- ♦ Refining self management and systems management for anticoagulation through the evaluation of the technologies being used by the CCCS, and improving the implementation of the technology into patient care.
- ♦ Developing a multidisciplinary implementation strategy with local VISN Quality Performance offices to adapt the existing depression screening measures for systematic Post-Stroke depression detection and treatment.

Department of Veterans Affairs

- ♦ Physical Medicine & Rehabilitation Services (PM&RS)
- ♦ Community Care Coordination Service (CCCS)
- ♦ VA Employee Education System (EES)
- ♦ Office of Quality Performance (OQP)
- ♦ VHA Patient Care Services
- ♦ VISN 6, VISN 8, VISN 11

Education Institutions

- ♦ University of Florida – Brooks Center for Rehabilitation Studies
- ♦ Indiana University-Purdue University Indianapolis (IUPUI)
- ♦ Duke University
- ♦ Yale University

National/International Organizations

- ♦ JCAHO
- ♦ American Heart Association
- ♦ American Stroke Association
- ♦ Canadian Stroke Network
- ♦ Centers for Disease Control and Prevention (CDC)

Personnel Changes.....



Rebecca Beyth, MD

has accepted the position of Associate Director for the Rehabilitation

Center of Excellence (RORC) and will participate on the Stroke QUERI Operations Committee and both the anticoagulation and depression teams. Dr. Beyth also holds the positions of Staff Physician, NF/SG VAMC, Associate Professor of Medicine, Geriatrics Division, University of Florida, and Affiliate Associate Professor, Health Services Management, University of Florida.

Dr. Beyth's research has focused on optimizing how anti-

thrombotics (warfarin and aspirin) are used by patients and providers to maximize the benefits of these therapies while minimizing their side-effects. She has focused on interventions to increase older patients' self-management strategies and behaviors in using warfarin, and most recently is conducting a study to improve provider adherence to national guidelines for stroke prevention in patients with chronic atrial fibrillation.

Dr. Beyth will establish the leadership in the development of chronic care models for stroke management.

Ms. Monta Gazvoda

has recently accepted the position of research assistant for the Stroke QUERI Clinical Research Coordinating Team. She was previously a Project Coordinator for a multi-site study funded by Eli Lilly, Inc. on pain and depression and has worked as a research assistant on several projects for the Roudebush VA and the Regenstrief Institute. One of her specialties is patient interviews and protocol delivery.

We welcome both Dr. Byeth and Monta to the Stroke QUERI team and look forward to their added expertise!

Project updates.....



“Implementation of Post-Stroke Guidelines in a Multidisciplinary Stroke Clinic” Lawrence M. Brass, MD, & Dawn Bravata, MD Co-Principal Investigators

In the summer of 2004 Drs. Dawn Bravata and Lawrence Brass started an evaluation of the effectiveness of a Multidisciplinary Stroke Clinic currently in operation at the VA Connecticut, West Haven Campus in the Primary Care Clinic through a Locally Initiated Project. Funding was made available by VA HSRD QUERI in June 2004.

During a single visit in the clinic patients are seen by 3-5 providers and attend an education session on

stroke and stroke care.

The clinicians then collaboratively provide an integrated plan tailored to the patient and based on the VA guidelines for post-stroke care.

The goal is to provide the primary care physician with a long term treatment plan.

Preliminary results indicate:

- ◆ Patients and physicians find a visit to the clinic helpful.
- ◆ 90% of patients liked being seen by several specialists during the same appointment.

- ◆ 71% of the patients increased their VA facility use by 50%.
- ◆ Out of 128 VA facilities contacted nearly 90% have all of the services required for a multidisciplinary stroke clinic.

An analysis of the impact on clinical care is underway with a focus on the clinical characteristics of the patients and adherence to stroke clinic recommendation.

Future plans are to apply the results of this Multidisciplinary Stroke Clinic to similar clinics throughout the VA system wide.



EES Module For Stroke Guideline Rolled Out!

Did you know.....

- ◆ There is a VA/DoD Clinical Practice Guideline for the Management of Stroke Rehabilitation.?

Did you know.....

- ◆ You can learn how to provide the best care for veterans with stroke through the VA Employee Education System?

In collaboration with the Physical Medicine and Rehabilitation Program Office of VACO Patient Care Services and the Office of Quality and Performance, the Employee Education System (EES) has rolled out a web-based independent study course titled: “Stroke Rehabilitation Clinical Guideline Independent Study”.

This course will teach you (in your own time at your own pace) how to use the guideline to provide the best evidenced based care for the patient who needs stroke rehabilitation.

More specifically upon completion of this program you will

be able to:

- ◆ Define basic terms
- ◆ Explain the basic concepts of stroke rehabilitation
- ◆ Describe use of appropriate assessment tools
- ◆ Analyze patient situations for appropriate care
- ◆ Identify common symptoms in the post-stroke patient
- ◆ Identify potential reoccurrence or complications following stroke
- ◆ Arrange for follow-up

Stroke is the leading cause of disability in the United States. VHA estimates that 15,000 veterans are hospitalized for stroke each year. Forty percent of stroke patients are left with moderate functional impairment and another 15-30 percent with severe disability. Early intervention can enhance the recovery process and minimize functional disability.

If you are part of a multi-disciplinary health care team then this course is for you! We encourage all physicians, nurses, pharmacists,

physical therapists, psychologists, occupational therapists, speech-language pathologists, social workers, recreation therapists, kinesiotherapists, physician assistants, dietitians, and nurse practitioners to access this course at http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=18802.

How was this course developed?

The VHA Office of Quality and Performance published the new Stroke Rehabilitation Clinical Guideline in February 2003.

The Management of Stroke Rehabilitation guideline was developed by and written for clinicians by clinical experts from the DoD, VHA, academia, and a team of guideline facilitators from the private sector.

An experienced moderator facilitated the multidisciplinary working group that included internists, physiatrists, neurologists, geriatricians, nurse practitioners,

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The mission of the Stroke QUERI is to reduce stroke risk and maximize the functional status and quality of life of veterans with stroke by systematically implementing clinical research findings and evidence-based guidelines into routine clinical practice.

The Stroke QUERI has assembled an excellent team of national leaders and research investigators with the intention of continually developing collaborations with other institutions and investigators centered on the VA stroke population to further expand implementation efforts.

(Continued from page 3)

occupational therapists, physical therapists, recreational therapists, speech and language pathologists, psychologists, social workers, kinesiotherapists, pharmacists, nurses and rehabilitation/clinic coordinators.

The Stroke Rehabilitation guideline is presented in algorithmic format and is intended to provide a systematic approach to the assessment and management of patients with stroke in three phases:

- ◆ Assessment
- ◆ Inpatient Rehabilitation
- ◆ Community Based Rehabilitation

Electronic copies of the guideline can be accessed at: www.oqp.med.va.gov/cpg/

Upcoming Conferences

February 2-4, 2005 **American Stroke Association**, International Stroke Conference, New Orleans, LA
<http://strokeconference.americanheart.org/portal/strokeconference/sc>

February 16-18, 2005 **VA HSR&D**, Washington, DC,
http://www.hsrd.research.va.gov/about/national_meeting/2005/

March 1-3, 2005, **Center for Disease Control**, 19th National Chronic Disease Conference, Marriott Marquis Atlanta, GA, <http://www.cdc.gov/nccdphp/conference/index.htm>

May 14-16, 2005, **American Heart Association**, 6th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke, Washington, D.C., <http://www.americanheart.org/presenter.jhtml?identifier=3024155>

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